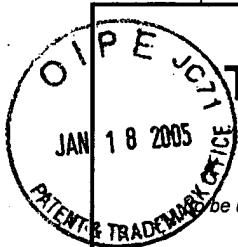


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

(be used for all correspondence after initial filing)

|  |   |                        |                 |
|--|---|------------------------|-----------------|
|  |   | Application Number     | 09/371,760      |
|  |   | Filing Date            | August 10, 1999 |
|  |   | First Named Inventor   | Tomoyuki FUNAKI |
|  |   | Art Unit               | 2654            |
|  |   | Examiner Name          | Daniel A. Nolan |
| Total Number of Pages in This Submission | 1 | Attorney Docket Number | 393032009400    |

## ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Postcard  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s)  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    |   | Remarks   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP (CN 25224<br>555 West Fifth Street, Los Angeles, CA 90013) |          |        |
| Signature    |  |          |        |
| Printed name | David L. Fehrman   |          |        |
| Date         | January 18, 2005   | Reg. No. | 28,600 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV506674463US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 18, 2005

Signature:

(Marco Jimenez)

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PATENT & TRADEMARK OFFICE  
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Effective on 12/08/2004.  
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1,020.00)

| <b>Complete if Known</b> |                 |
|--------------------------|-----------------|
| Application Number       | 09/371,760      |
| Filing Date              | August 10, 1999 |
| First Named Inventor     | Tomoyuki FUNAKI |
| Examiner Name            | Daniel A. Nolan |
| Art Unit                 | 2654            |
| Attorney Docket No.      | 393032009400    |

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> |                     | <u>SEARCH FEES</u> |                     | <u>EXAMINATION FEES</u> |                     |                       |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>         | <u>Small Entity</u> | <u>Fees Paid (\$)</u> |
| Utility                 | 300                | 150                 | 500                | 250                 | 200                     | 100                 |                       |
| Design                  | 200                | 100                 | 100                | 50                  | 130                     | 65                  |                       |
| Plant                   | 200                | 100                 | 300                | 150                 | 160                     | 80                  |                       |
| Reissue                 | 300                | 150                 | 500                | 250                 | 600                     | 300                 |                       |
| Provisional             | 200                | 100                 | 0                  | 0                   | 0                       | 0                   |                       |

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100  
 Multiple dependent claims 360 180

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|----------------------|
|                     |                     |                 |                      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |
| 12                  | - 23 = 0            | x               | = 0                  |                                  |                      |
| Indep. Claims       | Extra Claims        | Fee (\$)        | Fee Paid (\$)        |                                  |                      |
| 9                   | - 12 = 0            | x               | = 0                  |                                  |                      |

### 3. APPLICATION SIZE FEE

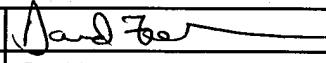
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____               | - 100 = _____       | /50 _____ (round up to a whole number)                  | x _____ = _____ |                      |

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1253 Extension for response within third month 1,020.00

| <b>SUBMITTED BY</b> |   |                                      |        |                  |                |
|---------------------|---|--------------------------------------|--------|------------------|----------------|
| Signature           |  | Registration No.<br>(Attorney/Agent) | 28,600 | Telephone        | (213) 892-5601 |
| Name (Print/Type)   | David L. Fehrman  |                                      | Date   | January 18, 2005 |                |

Express Mail - EV506674463US